

Agrivalue Processing Business Incubator (Initial Application)

Food Processing Development

General Information:					
Company Name		Con	Contact Person		
Mailing Address	City/Town		Province	Postal Code	
Business Telephone Number (include area code)	pde) Business Telephone Number (include		a code) Fax Number (include area code)		
EMail Address					
Project Information: Brief Description of your product, process and prod	uction capabilities:				
If currently distributing, give brief outline of market a	and volumes:				
Equipment Currently Owned by your Company:					
Technical Assistance Required:					
Expected Processing Needs in Incubator: Space					
In-Line Freezing					
Cold Storage					
Additional Requirements					
Sources of Project Funding: Client and/or	Other				
Are you currently working with an AF development	officer? Yes N	No			
If Yes, Who?					
If NO , may we forward your name to an AF Financi	-		No		
NOTE Clients requesting tenancy in the a detailed business plan for review prior to a required to comply with minimum insurance appropriate federal and provincial regulation	application acceptance. It is requirements. Any proc	If the application cessing at the Al	n is accepted, PBI must com	clients will be oly with all	
Requested By:	Date				

The collection of personal information on this application is authorized by the Freedom of Information and Protection of Privacy Act. The personal information will be used to contact the applicant in matters related to this application. If you have any questions about the collection or use of this information, you can contact Robert Edwards, Senior Manager, APBI, 4301 65 Avenue, Leduc, Alberta, Canada, T9E 8T2, phone (780) 980-4246, fax (780) 980-4250.